



## Confidential Wholesale Application

Please fill out and fax back to 610-497-5421

### Please fax a Certificate of Liability Insurance.\*

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Headquarters Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of Business:  Pool Builder Number of Pools built last year: \_\_\_\_\_

Pool Service Co Number of Pools serviced last year: \_\_\_\_\_

Spa Dealer Number of Spas sold last year: \_\_\_\_\_

Distributor Other: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Gross Annual Revenue: \$ \_\_\_\_\_ Showroom/Storefront? (Y / N)

Type of Business Entity:  Sole Proprietorship  Partnership  Corporation (State \_\_\_\_\_)

Name of Person authorized to sign contracts: \_\_\_\_\_

Title: \_\_\_\_\_

Please list four (4) vendors with whom you do business:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Applicable State License: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Please list additional location on back or attach to locations list.

**Pennsylvania dealers please attach a Pennsylvania State Tax Exemption Certificate (PA-1220).  
Please fax copies of both your Certificate of Liability Insurance & Resellers Certificate.\***

\* Certificate of Liability Insurance is mandatory in order to start processing this application.